



## FACADE IMPROVEMENT PROGRAM



## APPLICATION FORM

**Name of Applicant**

**Name of Business**

**Address of Business**

**Telephone Number**

**Fax Number**

**E-Mail Address**

**Type of Business**

**Applicant is the      Property Owner      Business Owner      Other**

**How long has the business been at the current address?**

**When does your current lease expire?**

**Property Owner's Name: (if different)**

**Property Owner's Address:**

**Property Owner's Signature** \_\_\_\_\_

**Property Owner's Telephone Number:**

*NOTE: If you are not the property owner, please have the property owner or an authorized representative co-sign this application. If more than one property owner, please attach a list with name(s) and address(es) of each owner. All owners must sign the petition.*

**Please provide a description of the scope of work to be accomplished on this facade improvement project:**



## FACADE IMPROVEMENT PROGRAM



## PROJECT IMPLEMENTATION SCHEDULE

Please provide the following information for all activities what will as a part of the facade improvement project:

Activity	Cost	Contractor	Start/End Dates
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## FINANCING FOR FACADE IMPROVEMENT PROJECT

**Total Project Cost** \$

**Applicant Private Financing** \$  
(if any)

**Applicant Special Ass. Financing** \$  
(not less than 75% of project cost)

**City Special Ass. Financing** \$  
(not more than 25% or \$15,000)



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### ATTACHMENTS

(Please provide the following)

- \_\_\_\_\_ Exhibit 1: Facade Improvement Petition and Facade Easement
- Exhibit 2: Sketch, rendering, or photo showing the facade as it currently exists
- Exhibit 3: Sketch rendering of proposed facade improvement
- Exhibit 4: Detailed contractor estimates for proposed facade project
- Exhibit 5: Proof of ownership of building to be improved
- Exhibit 6: Executed General Conditions

#### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

APPROVED BY DESIGN COUNCIL \_\_\_\_\_

APPROVED BY HISTORIC PRESERVATION \_\_\_\_\_

ZONING VARIANCE NEEDED? • YES • NO

DATE ZONING VARIANCE RECEIVED \_\_\_\_\_

PETITION AND BONDING RESOLUTION \_\_\_\_\_

APPROVED BY CITY COUNCIL \_\_\_\_\_



## EXHIBIT 6 FACADE IMPROVEMENT PROGRAM



### General Conditions

It is expressly understood and agreed that the applicant is not an agent, servant, employee, or sub-contractor of the City of Wichita. It is expressly understood and agreed that the applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations.

It is expressly understood and agreed that work completed prior to final approval is ineligible for funding.

It is expressly understood and agreed that the applicant will not seek to hold the City of Wichita and/or its agents, employees, officers and/or directors liable for any property damage, personal injury, or other loss relating in any way to the Facade Improvement Program.

The applicant shall be responsible for maintaining valid and sufficient insurance coverage for property damage and personal injury liability relating to the Facade Improvement Program.

The applicant agrees to maintain the property and improvements, including, but not limited to, promptly removing graffiti, sweeping and shoveling in front of the property.

The applicant agrees to return a pro-rated amount of the forgivable loan received if the improvement is removed within five years.

The applicant understands that the City of Wichita may promote an approved project, including but not limited to displaying a sign at the site during and after construction, and using photographs and descriptions of the project in the Facade Improvement Program.

The applicant understands that the City of Wichita reserves the right to make changes in conditions of the Facade Improvement Program as warranted.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If applicant is not the property owner, please have the property owner or an authorized representative review and co-sign this application below.

I have reviewed the above application and authorize operator of \_\_\_\_\_  
at \_\_\_\_\_ to perform the facade improvements described above as  
part of the City of Wichita Facade Improvement Program.

Signature of property owner  
or authorized representative \_\_\_\_\_ Date \_\_\_\_\_